

Regional Support Teams

State Fiscal Year 2025, 4th Quarter

Overview

Five Regional Support Teams (RSTs) were implemented in March 2013 by the Department of Behavioral Health and Development Services (DBHDS). Virginia's focus through RSTs is on supporting individuals with developmental disabilities in the most integrated community setting that is consistent with their informed choice of all available options and opportunities. Each Regional Support Team (RST) consists of professionals well-versed in supporting individuals with developmental disabilities within a community setting. This expertise extends to individuals with exceptional behavioral and medical requirements, highlighting the RST's comprehensive capability in meeting diverse needs.

Purpose

- A. To identify and seek to resolve individual, regional, or system barriers that prevent individuals from receiving services in the most integrated setting of their choice.
- B. To make recommendations for resolving barriers to receiving services in integrated settings.

RSTs seek to ensure that no individual in the target population moves to a nursing facility or congregate setting with five or more individuals unless the move is consistent with the individual's needs and informed choice. This process involves a comprehensive review conducted by both a DBHDS Community Resource Consultant (CRC) and, when the referral criteria are met, by the Regional Support Team (RST). This dual review ensures that any such transition is well-informed and consistent with the individual's unique circumstances and desires.

Target Population for referrals to RST

- A. Individuals with intellectual/developmental disability (I/DD), who:
- 1. Live in training centers,
- 2. Meet the ID or DD Waivers waitlist criteria, and
- 3. Meet the criteria for referral to the RST.

Referral Criteria for RST Review

- a.) within five calendar days of an individual being presented with any of the following residential options:
 - i. an intermediate care facility,
 - ii. a nursing facility,
 - iii. a training center, or a
 - iv. group home with a licensed capacity of five beds or more;
- b.) if the CSB is having difficulty finding services within 30 calendar days after the individual's enrollment in the waiver; or
- c.) immediately when an individual is displaced from his or her residential placement for a second time.

Criteria for RST Referrals and Consultation

1. Prior to or immediately after a service has not been identified within 3 months of receiving a waiver slot.

- 2. Within five calendar days of an individual being presented with any of the following residential options: an intermediate care facility, a nursing facility, a training center, or a group home with a licensed capacity of five beds or more.
- 3. Immediately when family expresses any interest in a setting considered to be less integrated. (timing of referral is key to RST making recommendations for more integrated options)
- 4. Immediately when an individual is displaced from his or her residential placement for a second time.
- 5. Immediately if the individual is moving before the next scheduled RST meeting. Please submit and identify the referral as being late for that reason.
- 6. Immediately once the SC is notified that a person has already moved to a less integrated setting. Please submit and identify the referral as being late due to the lack of notification.

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Data Collection Period

A. This reporting period is the Second Quarter of FY25 (October-December 2024).

RST Source System Transition

To enhance the reliability and accuracy of data, the transition from manual and spreadsheet-based methods to the Waiver Management System (WaMS) took place on January 1, 2023 for both the Regional Support Team referral form and the Virginia Informed Choice form. This shift empowers DBHDS to utilize contemporary software for data management and visualization, significantly reducing the potential for human errors.

Back-end data, which first became available in June 2023, assists in the development of this report, which is based on data gathered through the WaMS platform and visualized using Microsoft PowerBI. The structure and content of this report will undergo further refinement in upcoming quarters. Any modifications to the reporting approach are duly documented within the report itself and stem from any adjustments to the WaMS RST module.

RST Referral Data

There were a total of 123 referrals made with an RST requested date occurring in FY25 fourth quarter, with the largest number seen in Region 3 (32) and the lowest in Region 5 (14). (Fig. 1).

Fig. 1 (note: factoring in 5 missed referrals brings the referral count to 123 with 118 submissions)

Region	2025 Q4	Total
DBHDS	4	4
Region 1	24	24
Region 2	25	25
Region 3	32	32
Region 4	24	24
Region 5	14	14
Total	123	123

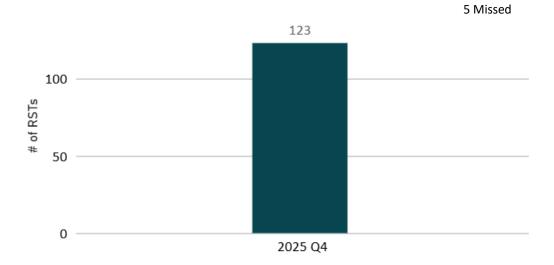


Fig. 1

When considering the number of unique individuals, the 118 referrals are attributed to 118 unique individuals plus the 5 missing referrals (123). Of those actively enrolled in a DD Waiver, 106 receive Community Living waiver, 3 have the Family and Individual Supports waiver, and zero have Building Independence waiver (Fig 2). 11 individuals did not have a DD Waiver or were not on the wait list. There were three people on the DD Waitlist (Fig. 3).

of Individuals Actively Enrolled on a Waiver by Type

	2025 Q4	
Waiver Type	# of individuals*	% of Total
Community Living	106	97.2%
Family and Individual Supports	3	2.8%
Total	109	100.0%

Fig. 2

of Unique Individuals with an RST in the Quarter by Waiver Status

	2025 Q4		
Waiver Status Collapsed	# of Individuals	% of Individuals	
Waiver	109	88.6%	
Not on Waiver or Waitlist	11	8.9%	
Waitlist Priority 2	2	1.6%	
Waitlist Priority 1	1	0.8%	
Total	123	100.0%	

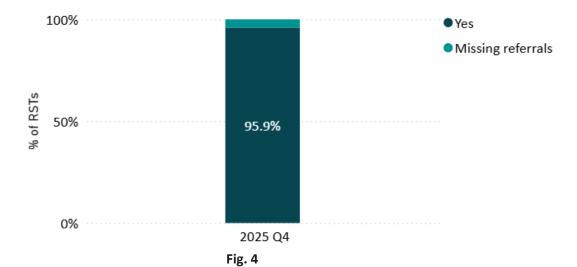


^{*} unique count of individuals but not RSTs; one person can have more than 1 RST in a quarter.

118 referrals were submitted for individuals living in the community, while 0 were submitted for individuals residing in the training center setting. 5 referrals were missed in reporting (Fig. 4, top row). All 118 referrals received during Q4 are attributed to the community.

of RST Identified as Community Referrals and Reason

	2025 Q4	
Community Referral	# of RSTs	% of RSTs
Missing referrals	5	4.1%
Yes	118	95.9%
Total	123	100.0%



(note: all 118 referrals were community referrals as stated above, 5 referrals were missing as reported in row 1)

Community Referral Reason	2025 Q4
At REACH without disposition	1
Difficulty finding resources in the community within any timeframe	3
Moving to a group home of five or more individuals	96
Moving to a nursing home or ICF	16
Pattern of repeatedly being removed from the home	2
Total	118

Fig. 5

Of the 118 referrals submitted, 90 (73.2%) were related to a need for residential services. (Fig. 6)

	2025 Q4		Total	
•	# of RSTs	% of RSTs	# of RSTs	% of RSTs
Missing referrals	5	4.1%	5	4.1%
No	28	22.8%	28	22.8%
Yes	90	73.2%	90	73.2%
Total	123	100.0%	123	100.0%

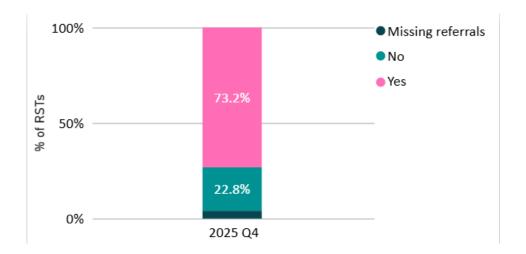


Fig. 6

Considering the source of community referrals, the largest number was submitted by Fairfax-Falls Church (16). (Fig. 7)

	# of	% of
CSB	RSTs	RSTs
ALLEGHANY HIGHLANDS	1	0.8%
ARLINGTON	8	6.5%
BLUE RIDGE	4	3.3%
CHESAPEAKE	1	0.8%
CHESTERFIELD	7	5.7%
CITY OF VA BEACH	7	5.7%
CROSSROADS	1	0.8%
CUMBERLAND	2	1.6%
DANVILLE-PITTSYLVANIA	3	2.4%
DBHDS	4	3.3%
DICKENSON COUNTY	1	0.8%
DISTRICT 19	5	4.1%
FAIRFAX-FALLS CHURCH	16	13.0%
HAMPTON-INN	2	1.6%
HANOVER	1	0.8%
HARRISONBURG-ROCKINGHAM	13	10.6%
HENRICO AREA	7	5.7%
HORIZON	2	1.6%
MIDDLE PENINSULA NORTHERN NECK	2	1.6%
MOUNT ROGERS	6	4.9%
NEW RIVER VALLEY	5	4.1%
NORTHWESTERN	4	3.3%
PIEDMONT	4	3.3%
PLANNING DISTRICT	3	2.4%
PORTSMOUTH	1	0.8%
PRINCE WILLIAM COUNTY	1	0.8%
RAPPAHANNOCK AREA	3	2.4%
REGION TEN	1	0.8%
RICHMOND	3	2.4%
SOUTHSIDE	4	3.3%
WESTERN TIDEWATER	1	0.8%
Total	123	100.0%

^{*} Four referrals were submitted by DBHDS.

Fig. 7

The RST referral collects the desired region where an individual prefers to live and access services. 27 referrals indicated that the person wanted to receive services in Region IV (22.8% of submitted referrals). 22% of submitted referrals reflected a desire to receive services in Region II and III (26). (Fig 8, note submitted referrals = 118)

of RST Referrals by Desired Region

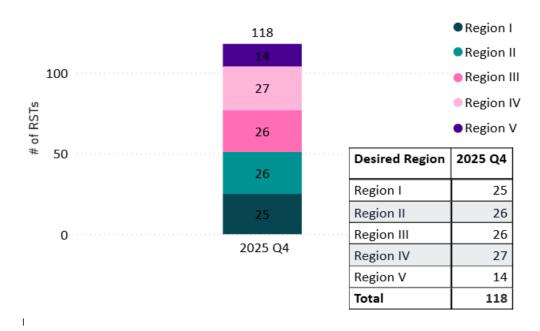


Fig. 8

Regional Support Teams – FY25 Q4 # of Emergency Referrals by CSB and Reason

No emergency referrals were submitted or confirmed by Community Resource Consultants as an emergency in Q4. (Fig. 9)

Does CRC Recommend Emergency Meeting	2025 Q4	Total
No	118	118
Total	118	118

Fig. 9

Late Referrals

The export of data from the PowerBI dashboard for referral counts by CSB includes the number that did not meet any late criteria, the number that met Reason A (Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting), Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s), Reason C (Individual moved without CSB notification), and missed referrals. For these counts in Q4, data was pulled from RST confirmations for 118 referrals and 5 missed referrals, totaling 123. (Fig. 10)

		2. Reason A: Individual				
		has or will move prior to				
		the RST meeting due to				
		SC not submitting the	3. Reason B: Individual has			
		referral within 5	or will move without			
		calendar days of	sufficient time to	4. Reason C: Individual		
		presenting a less	implement RST	moved without CSB	5. Missing	
	1. No late criteria apply	integrated setting	Recommendation(s)	notification	referrals	Total
Region	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs
DBHDS	2		2			4
Region 1	20		2	2		24
Region 2	14		11			25
Region 3	22	3	4		3	32
Region 4	8	2	7	5	2	24
Region 5	8	1	5			14
Total	74	6	31	7	5	123

Fig. 10

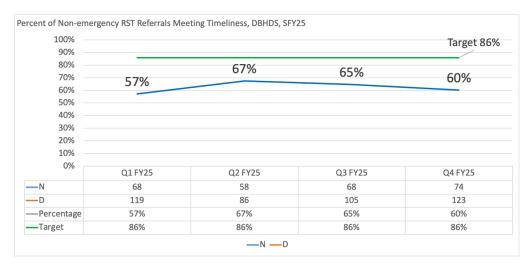
A "Late Referral" is defined as a referral where:

- an Individual has moved to a less integrated setting prior to a scheduled RST Meeting (Reason A);
- an Individual is planning to move to a less integrated setting without sufficient time to implement RST recommendation(s) and consultation with CRC/CIM/RST Coordinator has not occurred (Reason B); or
- an Individual has moved to a less integrated setting without CSB prior notification (Reason C).
- an individual moved to a group home of five or more beds and an RST referral was not provided (missed).

These four reasons provide data related to calculating two measures monitored by the Case Management Steering Committee. The following charts reflect the lateness of RST referrals. By conducting a review of WaMS service authorization data, it was determined that 4 additional referrals were needed but was not submitted. CSBs receive compliance results reflecting actual counts and the names of individuals missed, so that choice can be provided and documented for each person. There are two indicators related to the timeliness of RST referrals.

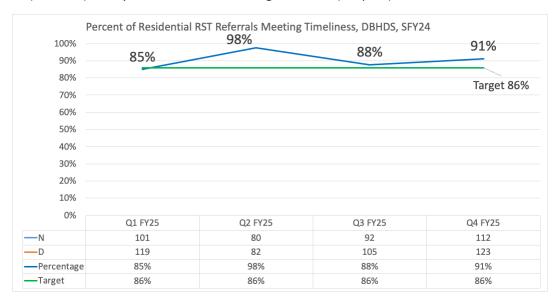
Results for the 4th Quarter FY25 are provided below:

86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol. There were 0 Training Center referrals, 114 CSB-submitted referrals, 4 DBHDS-submitted community referrals, 0 accepted outside of WaMS, and 5 missed community referrals. A total of 123 referrals were submitted or missed in Q4. For this reporting period, the result is 60.2% (74/123) timely, which does not meet the target of 86%. (Graph 1)



Graph 1

86% of all statewide situations meeting criteria for referral to the RSTs with respect to home and community-based residential services are referred to the RSTs by the case manager as required by the DBHDS RST Protocol. There were 114 CSB-submitted community referrals in WaMS, four DBHDS-submitted community referrals, 0 accepted outside of WaMS, and five missed CSB community referrals. A total of 123 referrals were submitted or missed in Q4. Five were not provided and another six were reported as late for Reason A, for a total of 11 late referrals related to accountability (8.9% late). For this reporting period, the result is 91% (112/123) timely, which exceeds the target of 86%. (Graph 2)



Graph 2

RST Referral Form Question: Are more integrated residential options (to include Independent Living Services, In-home Support Services, Supported Living, Sponsored Residential) not operating in the desired location, if requested?)

	202	Total	
Region	No	Total	
Region I	24	24	24
Region II	25	25	25
Region III	29	29	29
Region IV	25	25	25
Region V	15	15	15
Total	118	118	118

Numerator and Denominator	Count
Numerator = Number of referrals confirmed as resolved	N/A
within the 9-month timeframe calculated	
in WaMS	
Denominator = Number of RST referrals where the	0
RST confirmed the barrier stated as "Are more	
integrated residential options (to include Independent	
Living Supports, In-home Support Services, Supported	
Living, Sponsored Residential) not operating in the	
desired location,	
if requested?" as yes.	

Table 1

Referral Submissions by Source for Q4 FY25 (Fig.12)

Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting

Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)

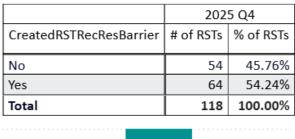
Reason C: Individual moved without CSB notification

		Reason A: Individual hasor will move prior to the RST meeting due to S C not submitting	Reason & Individual has or will move without sufficient time to implement RST			
CSB/BHA Submitter	No late criteri a	the referral within 5 calendar days of presenting a less integrated setting	Recommendation(s)	Reason C Individual moved without CSB notification	Missing referrals	Total RSTs
ALLEGHANY HIGHLANDS	1	0	0	۵	0	1
ARUNGTON	8	0	Û	0	0	8
BLUERIDGE	1	1	1	٥	1	4
CHESAPEAKE	0	0	1	0	0	1
CHESTERFELD	2	0	3	2	0	7
CITY OF WA BEACH	4	1	2	0	0	7
CR OS SROADS	1	0	0	0	0	1
CUMBERLAND	2	0	Û	0	0	2
DANVILLE-PITTSYLVANIA	1	0	1	0	1	3
DBHDS	2	0	2	0	0	4
DICKENSON COUNTY	0	0	0	0	1	1
DISTRICT19	0	0	1	3	1	5
FAIRFAX FAILS CHURCH	6	0	10	0	0	16
HAMPTON-INN	1	0	1	0	0	2
HANOVER	1	0	0	0	0	1
HARRISONBUR GROCKINGHAM	2	0	Û	1	0	13
HENRI CO ARIBA	3	2	2	0	0	7
HORIZON	2	0	Û	0	0	2
MIDDLE PENINSULA NORTHERN NECK	2	0	0	٥	0	2
MOUNTROGERS	6	0	0	0	0	6
NEW RIVER VALLEY	5	0	0	0	0	5
NORTHWESTERN	1	0	2	1	0	4
PIEDMONT	2	0	2	0	0	4
PLANNING DISTRICT	2	1	Û	0	0	3
PORTSMOUTH	1	0	0	0	0	1
PRINCE WILLIAM COUNTY	0	0	1	0	0	1
R APPAHANINO CX A REA	3	0	0	0	0	3
REGION TEN	1	0	Û	0	0	1
RICHMOND	1	0	1	0	1	3
SOUTHSIDE	3	1	0	0	0	4
WESTERN TIDEWATER	0	0	1	0	0	1
Total	74	6	31	7	5	123

Fig. 12

RST Recommendations

Of the 118 referrals submitted through WaMS, 64 (54.2%) of referrals included recommendations from RSTs (Fig. 14). Further, of the 118 referrals, 72 (52.6%) were not considering more integrated services. (Fig. 15)



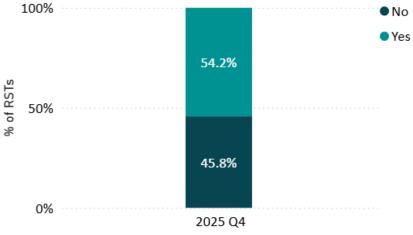


Fig. 14

More Integrated Services were Considered

SFY Quarter RST Requested Date 2025 Q4

•	# of RSIs % of RSIs
No	72 52.6%
Yes	46 47.4%
Total	118 100.0%

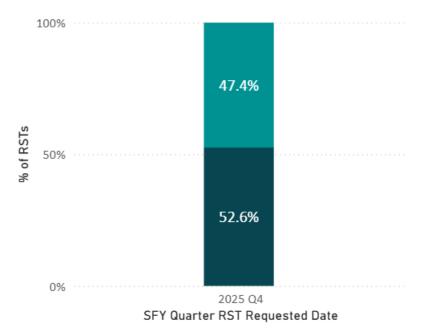


Fig. 15

Referrals by Regional Support Team

There are six regional support teams. Five of these teams support their relative DBHDS regions and one (Team VI) was formed to improve the timeliness of the referrals systemwide. Through a Quality Improvement Initiative (QII), it was determined that Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s) was the most significant factor impacting timeliness. By holding a cross-regional team once per month, referrals that would have been late are processed in time for recommendations to be made and acted on. In the 4th quarter of FY25, 53.4% (63) of the referrals were processed through Team VI. (Fig.16)

2025 Q4		
Created TeamDescription	# of RSTs	% of RSTs
Team I	15	12.71%
Team II	11	9.32%
Team III	5	4.24%
Team IV	17	14.41%
Team V	7	5.93%
Team VI	63	53.39%
Total	118	100.00%

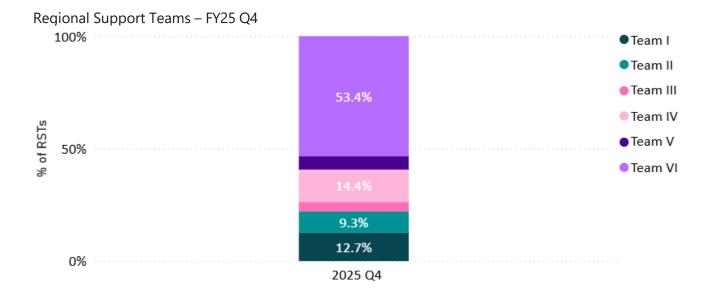


Fig. 16

Distribution of referrals reviewed by Team VI

As seen below, most referrals reviewed in Q4 are attributed to Regions II and III at 20.6% and 33.3%, respectively. (Fig. 17)

	2025 Q4		
Associated Desired Region	# of RSTs	% of RSTs	
Region I	10	15.87%	
Region II	13	20.63%	
Region III	21	33.33%	
Region IV	8	12.70%	
Region V	11	17.46%	
Total	63	100.00%	

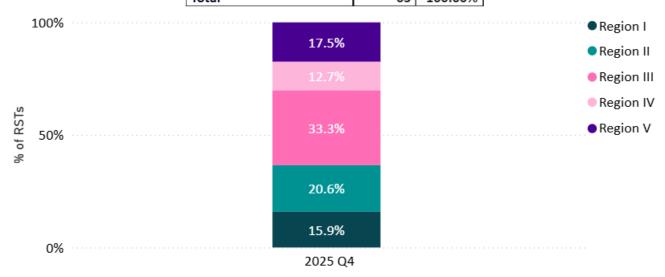


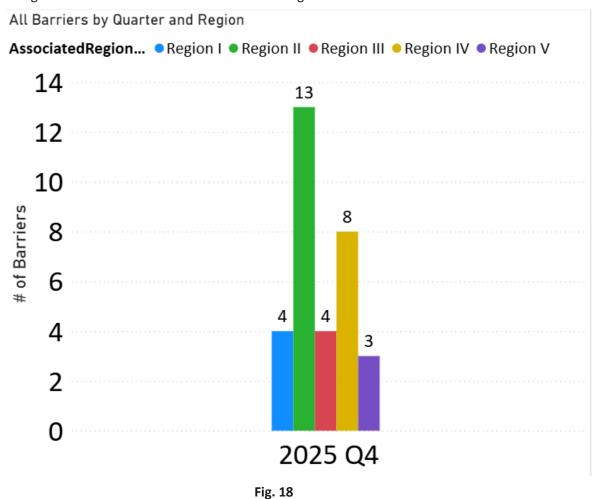
Fig. 17

Barriers

Data in the 4th quarter FY25 reflects all barriers identified across regions and services. Barrier data reflects all barriers identified based on seeking services in the desired region.

Barriers by Region and Service

The largest number of barriers were identified in Region II.



In the transition to WaMS, barrier labels were streamlined to common themes, and the primary barrier became required for each more integrated service considered. This transition is expected to result in more manageable and meaningful barrier data for analysis and trending over time. Barrier data assists with a statewide gap analysis conducted semi-annually. The largest number of barriers were encountered in Region II, which accounted for 13 of the 32 barriers identified. Barriers and the related services and regions are shown below. (Fig. 19).

Regional Support Teams – FY25 Q4

Barrier to Service		Region II	Region III	Region IV	Region V	Total
☐ Individual/SDM Choice		7	1	3	1	12
Group Home Residential (4 or fewer)		5		2	1	8
In-Home Support Services		1				1
Sponsored Residential		1	1	1		3
☐ Lack of behavioral expertise	2	1		1	1	5
Group Home Residential (4 or fewer)	1	1		1		3
Sponsored Residential	1				1	2
☐ Lack of medical expertise	1		1			2
Group Home Residential (4 or fewer)	1		1			2
☐ Lack of provider at referral (other than integrated residential)				1		1
Group Home Residential (4 or fewer)				1		1
No integrated residential provider operating in desired area		3				3
Group Home Residential (4 or fewer)		3				3
☐ Provider available, but access delayed		1				1
Group Home Residential (4 or fewer)		1				1
☐ Provider/setting match	1	1	2	3	1	8
Group Home Residential (4 or fewer)			2	1		3
Sponsored Residential				1	1	3
Supported Living				1		1
Therapeutic Consultation		1				1
Total		13	4	8	3	32

Fig. 19

The RST referral form specifically asks all submitters to report transportation concerns. For Q4 FY25, seven of 118 referrals reported concerns, which was 5.93% of all referrals. (Fig. 20)

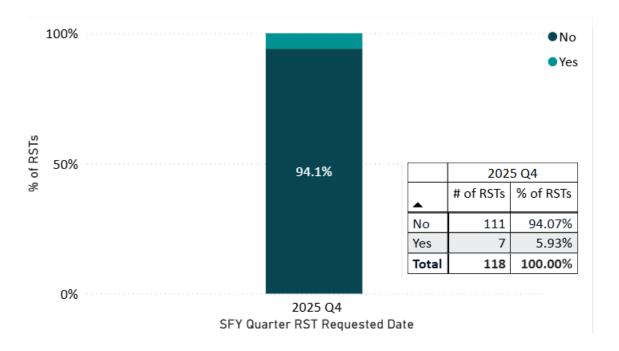


Fig. 20

RST Workflow Status

The tables below offer a breakdown of RST referrals, distinguishing between those that have already been closed and those that are awaiting closure by the CSB. Monitoring these numbers is essential for evaluating the efficiency of the RST process. CSBs have the capability to filter the outstanding referrals within the WaMS system, which allows for internal reviews and the resolution of pending submissions. As of the current report, there are 39 referrals that have been identified as pending status. These referrals will be reviewed by the DBHDS Case Management Steering Committee to explore ways to ensure they are closed more in a timely manner (Fig. 21). Regional pended numbers by CSB are provided in Fig. 22.

Regional Support Teams – FY25 Q4

SFY Quarter RST Requested Date		2025 Q4		
${\it Created Referring Agency Region Description}$	Closed	Pending Submitter Closure	Total	
Region I	21	3	24	24
Region II	22	3	25	25
Region III	17	12	29	29
Region IV	10	15	25	25
Region V	9	6	15	15
Total	79	39	118	118

Fig. 21

Location	Submitter	# of RSTs
Region I	NORTHWESTERN COMMUNITY SVCS	1
Region I	RAPPAHANNOCKAREA COMMUNITY SERVICES BRD	2
	Regional Total	3
Region II	ARLINGTON MENTAL HEALTH	3
	Regional Total	3
Region III	BLUE RIDGE CSB	1
Region III	CUMBERLAND MNTL HLTH CTR	2
Region III	DANVILLE-PITTSYLVANIA COM SERV	1
Region III	MOUNT ROGERS CSB	6
Region III	PIEDMONT COMMUNITY SERVICES	2
	Regional Total	12
Region IV	CHESTERFIELD CSB	6
Region IV	DBHDS	1
Region IV	DISTRICT 19 MEN HLTH SER	4
Region IV	HANOVER COUNTY COMMUNITY SERVICES	1
Region IV	HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	2
Region IV	RICHMOND BHVRLHLTH AUTHORITY	1
	Regional Total	15
Region V	CITY OF VA BEACH CSB MHMRSAS	3
Region V	DBHDS	1
Region V	MIDDLE PENINSULA NORTHERN NECK CSB	1
Region V	WESTERN TIDEWATER COMMUNITY SERVICES BOA	1
Regional Total		6
Total		39

Fig. 22

RST Workflow Status Pending Submitter Closure (Fig 23) All Quarters to Date

Submitter	# of RSTs
ALEXANDRIA COMMUNITY SERV BD	1
ARLINGTON MENTAL HEALTH	4
BLUE RIDGE CSB	13
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	7
CHESTERFIELD CSB	44
CITY OF VA BEACH CSB MHMRSAS	10
COLONIAL BEHAVIORAL HEALTH	1
CROSSROADS CSB	7
CUMBERLAND MNTL HLTH CTR	11
DANVILLE-PITTSYLVANIA COM SERV	2
DBHDS	32
DBHDS on Behalf of HDMC & Highlands CSB	1
DBHDS on behalf of REACH	1
DISTRICT 19 MEN HLTH SER	9
Eastern Shore CSB	3
Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN CSB)	4
FAIRFAX-FALLS CHURCH CSB	5
GOOCHLAND POWHATAN MENTAL HLTH	4
HANOVER COUNTY COMMUNITY SERVICES	6
HARRISONBURG-ROCKINGHAM CSB	2
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	22
HIGHLANDS CMNTY SVCS BOARD	1
HORIZON BEHAVIORAL HEALTH	12
LOUDOUN COUNTY CSB	12
MIDDLE PENINSULA NORTHERN NECK CSB	1
MOUNT ROGERS CSB	5
NEW RIVER VALLEY COMMUNITY SERVICES	4
NORFOLK COMMUNITY SERVICES BOARD	8
NORTHWESTERN COMMUNITY SVCS	6
PIEDMONT COMMUNITY SERVICES	13
PiedmontCSB	1
PLANNING DISTRICT ONE CSB	4
PORTSMOUTH DEPT OF BEHAVIORAL	5
RAPP AHANNOCK AREA COMMUNITY SERVICES BRD	27
REGION TEN CMMNTY SVCS BRD	14
RICHMOND BHVRL HLTH AUTHORITY	7
ROCKBRIDGE AREA COMMUNITY SVS BOARD	1
VALLEYCSB	4
WESTERN TIDEWATER COMMUNITY SERVICES BOA	5
Total	319

Acronyms and Abbreviations

The Key below contains the acronyms and abbreviations referenced in this report.

Key

N— Number of referrals — used to determine percentages	CSB(s) – Community Service Board(s)
Closed – RST made recommendations and final	Open - Requested additional information from
disposition has been made by individual/AR. This	Community SC/TC. RST has not made
includes referrals that were submitted late to the RST.	recommendations.
DBHDS – Department of Behavioral Health and	Pending - Pended - RST made recommendations and
Developmental Services	awaiting final disposition.
SFY/FY – State Fiscal Year	Q – Quarter
WaMS – Waiver Management System	R – Region
I/DD – Intellectual/Developmental Disability	RST(s) - Regional Support Team(s)
ICF – Intermediate Care Facility	SA - Settlement Agreement
LG – Legal Guardian	TC(s) – Training Center(s)